



U.S MISSION IN ECUADOR
APPLICATION FOR LOCAL EMPLOYMENT
(ECUADORIAN NATIONAL OR AMERICANS ORDINARY RESIDENT IN ECUADOR)

**ATTACH
PHOTOGRAPH
TAKEN WITHIN
PAST
12 MONTHS**

1. Position applied for _____ Salary Requirement _____
2. FULL NAME:

LAST (SURNAME) FIRST MIDDLE
3. DATE OF BIRTH (Month, Day, Year): _____
4. PLACE OF BIRTH (City, Country) _____
5. ECUADORIAN IDENTIFICATION NUMBER: _____
6. MARITAL STATUS:
- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Common Law |
7. PRESENT ADDRESS: _____

8. HOME TELEPHONE NUMBER: _____ CELULAR NUMBER _____
CONTACT NUMBER: _____
NAME AND RELATIONSHIP OF CONTACT _____
E-MAIL: _____
9. PREVIOUS ADDRESS DURING PAST TEN YEARS:

DATES		STREET AND NUMBER	CITY (District/Province)	COUNTRY
FROM	TO			

10. FULL NAME OF SPOUSE (If wife maiden name)

LAST(SURNAME) FIRST MIDDLE

DATE OF BIRTH (Month, Day, Year) _____

PLACE OF BIRTH (City, Country) _____

IDENTIFICATION NUMBER: _____

PRESENT ADDRESS IN FULL: _____

PRESENT OCCUPATION: _____

11. CHILDREN

NAME	AGE AND DATE OF BIRTH	PRESENT ADDRESS IN FULL	OCCUPATION	ID NUMBER

12. FATHER'S NAME:

LAST NAME (SURNAME)	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (Month, Day, Year) _____		
PLACE OF BIRTH (City, Country) _____		
IDENTIFICATION NUMBER: _____		
PRESENT ADDRESS IN FULL: _____		
PRESENT OCCUPATION: _____		

13. MOTHER'S NAME:

LAST NAME (SURNAME)	FIRST NAME	MIDDLE NAME
DATE OF BIRTH (Month, Day, Year) _____		
PLACE OF BIRTH (City, Country) _____		
PRESENT ADDRESS IN FULL: _____		
PRESENT OCCUPATION: _____		

14. How did you learn about this position: Ad ☐ Employee ☐ Relative ☐ walk in ☐ Other ☐

15. RELATIVES (Brothers and sisters ONLY).

NAME	ID. NUMBER	NATIONALITY	OCCUPATION	PRESENT ADDRESS IN FULL

16. Do you have any relatives (For example: Spouse, parent, brother, sister, aunt, uncle or a spouse of a brother, sister, aunt or uncle, or a cousin, stepfather, stepmother) that work for the Embassy: If yes, please list name, department where they work and how long they have been employed?

17. If there is someone in the Embassy that you consider a relative but it's not in the example list above, please explain relationship, list name, department where they work and how long they have been employed?

18. CITIZENSHIP AT BIRTH: _____

CURRENT CITIZENSHIP IF DIFFERENT FROM ABOVE: _____

19. U.S. CITIZENSHIP: Do you have any claim to U.S. Citizenship? YES _____ NO _____

20. GREEN CARD: Do you have a green card? NO _____ YES _____ Number _____

21. TRAVEL: (IF you have ever traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the United States, supply under item 28 additional data, including type of visa, place and date of issuance, date and port of arrival in the United States, places of residence in the United States and the date and port of departure from the United States.)

COUNTRY	DATES		PURPOSE
	FROM	TO	

22. EDUCATION:

MARK HIGHEST EDUCATION FINISHED:

<input type="checkbox"/> Completed High School	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College – no degree
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Master Degree	<input type="checkbox"/> Doctoral Degree

DETAIL OF EDUCATION:

NAME OF EDUCATIONAL INSTITUTIONS		DATES ATTENDED		DEGREE OF CERTIFICATE	MAYOR SUBJECT /FIELD OF STUDY
		FROM	TO		
1.					
2.					
3.					
4.					
5.					
6.					

Please provide the address of the institutions:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

*Applications must be submitted with supporting documentation such as diplomas, certifications of completion, etc. verifying your educational and technical abilities.

23. LANGUAGE:

Indicate the extent of your competence in English: **5**-Translator; **4**-Fluent; **3**-Good; **2**-Limited; **1**-Rudimentary; **0**-Not at all.

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND
English				

24. SPECIAL QUALIFICATIONS AND SKILLS:

Please mark one or more of the following:

<input type="checkbox"/>	Automatic Data Processing	<input type="checkbox"/>	Cleric., Sec., Off. Adm.	<input type="checkbox"/>	Consular	<input type="checkbox"/>	Cultural Affairs
<input type="checkbox"/>	Communicat'n ops & maint	<input type="checkbox"/>	Economic & Commercial	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Fiscal Administration
<input type="checkbox"/>	Graphic Arts & Photogr.	<input type="checkbox"/>	Health	<input type="checkbox"/>	Information (Technology)	<input type="checkbox"/>	International Development
<input type="checkbox"/>	Labor, cust. & gardening	<input type="checkbox"/>	Lang. Train. & Translator	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Library
<input type="checkbox"/>	Motor veh. Op & maint.	<input type="checkbox"/>	Political & Labor	<input type="checkbox"/>	Procurement & Supply	<input type="checkbox"/>	Program Support
<input type="checkbox"/>	Reproduction & Printing	<input type="checkbox"/>	Science & Technology	<input type="checkbox"/>	Security	<input type="checkbox"/>	Shipment & Travel
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Project Management	<input type="checkbox"/>	Trades & Crafts
<input type="checkbox"/>	Technician	<input type="checkbox"/>	Real State	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Cash Administration	<input type="checkbox"/>	Accounting & Budget	<input type="checkbox"/>	Management	<input type="checkbox"/>	Maintenance

TRAINING RECEIVED:

List formal training received in areas applicable to the job in which you are applying, in the last two years.

25. EMPLOYMENT: For each position you have held in the last ten (10) years, provide the following information in the space provided. Use continuation sheets as needed. Begin with your **present** position and work backwards.

A. NAME OF EMPLOYER AND TYPE OF COMPANY

FULL ADDRESS OF EMPLOYER

DATES WORKED (MONTH/DAY/YEAR): FROM TO

EXACT TITLE OF POSITION:

SALARY (Indicate if per week, month, year, etc.)

INITIAL SALARY: per FINAL: per

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: NUMBER OF EMPLOYEES YOU SUPERVISED

REASON FOR LEAVING:

B. NAME OF EMPLOYER AND TYPE OF COMPANY

FULL ADDRESS OF EMPLOYER:

DATES WORKED (MONTH/DAY/YEAR): FROM TO

EXACT TITLE OF POSITION:

SALARY (Indicate if per week, month, year, etc.)

INITIAL SALARY: per FINAL: per

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: NUMBER OF EMPLOYEES YOU SUPERVISED

REASON FOR LEAVING:

C. NAME OF EMPLOYER AND TYPE OF COMPANY

FULL ADDRESS OF EMPLOYER:

DATES WORKED (MONTH/DAY/YEAR):

FROM

TO

EXACT TITLE OF POSITION:

SALARY (Indicate if per week, month, year, etc.)

INITIAL SALARY:

per

FINAL:

per

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK:

NUMBER OF EMPLOYEES YOU SUPERVISED

REASON FOR LEAVING:

D. NAME OF EMPLOYER AND TYPE OF COMPANY:

FULL ADDRESS OF EMPLOYER

DATES WORKED (MONTH/DAY/YEAR):

FROM

TO

EXACT TITLE OF POSITION:

SALARY (Indicate if per week, month, year, etc.)

INITIAL SALARY:

per

FINAL:

per

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

REASON FOR LEAVING: _____

26. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT? YES _____
WHEN? _____

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION YES _____
PLEASE EXPLAIN: _____

27. WHEN WILL YOU BE AVAILABLE TO START WORK? _____

28. COMPUTER SKILLS:

Check how you rate your computer skills:

☐

Excellent

☐

Good

☐

Fair

☐

None

List computer programs in which you have experience.

29. EMERGENCY CONTACTS: (Put 2 names at least)

CONTACT NAME	RELATIONSHIP	PHONE	CELLULAR/ OTHER	ADDRESS AND CITY

30. REFERENCES: List three persons not related to you by blood or marriage (do not list previous supervisor) who are qualified to supply definite information regarding your character and ability to perform job duties.

NAME	ID NUMBER	PHONE OR EMAIL	OCCUPATION	ADDRESS AND CITY

31. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A
REFERENCE? _____

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.



1. I understand that any information I give may be investigated and that a false statement may be ground for not hiring me or for dismissal if I am selected.
2. I understand that, if I am provisionally selected, Embassy-required security and full medical clearances are a prerequisite to continued employment.
3. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, to Embassy-authorized investigators and Human Resources staff.
4. I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

Signature

Date of Application

31. Use the back part of this form for detailed answers or separate sheets. Add any information not covered above which might affect your employment. Use extra blank pages, if necessary.